

## Hypnotic-Aversion Treatment of Homosexuality

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FOR many years there has existed a widespread tendency to disparage the use of hypnosis in the treatment of male homosexuality and homosexuality in general. Clinical experience has amply demonstrated that psycho-analytic treatment of homosexuality is relatively ineffective and prolonged.

Arguments presented to depreciate the use of hypnosis in the treatment of homosexuality have been that hypnosis: 1) tends to make male homosexuals more passive; 2) tends to further infantile regression and dependency; 3) tends to further homosexual attachments between hypnotist and patient; and 4) tends to lessen the patient's feelings of responsibility.

As Meares stated the position, "The passive male homosexual enjoys the hypnotic trance and obtains erotic satisfaction in the intensity of hypnotic rapport with the therapist."<sup>1</sup> Such a patient, in Meares' opinion, may report improvement in his homosexual condition in order to mislead the therapist into continuing the hypno-therapy which affords him erotic satisfaction.

Stekel wrote that "the proper psychotherapeutic method can never be hypnosis. What may we expect hypnosis to accomplish as long as the homosexual has not learned to acknowledge openly the response against which he has fought so long? Contrary to Krafft-Ebing, Schrenknotzing and Alfred Fuchs, I have never met with a lasting cure through hypnotic treatment."<sup>2</sup> Stekel declared that, regardless of the type of treatment, we must accept only with the greatest caution the statements of homosexuals who claim to have been cured by us. Here the present author would add that acknowledgement of his neurosis is not sufficient. The homosexual patient must come to feel resentment, disgust and aversion to invert practices and he himself come to consciously reject homosexuality, as well as develop positive heterosexual feelings and desires. It follows that those homosexuals who are in conflict with and somewhat disturbed by their homosexuality have a better treatment prognosis.

The writer's rationale has been that of Freud's pleasure principle and the efforts of the unconscious mind to relive a pleasurable and to evade or avoid reliving a painful, disgusting or disagreeable experience. Pavlov has demonstrated how conditioned reflexes can be established and how reactivity can be so intensified that a slight stimulus can produce a marked and quite complex response.<sup>3</sup> It is known that the phenomenon of hypnosis resembles a conditioned response in that the subject becomes increasingly susceptible to hypnotic induction (phenomenon of "dressage"). It is similarly possible to "sensitize" and accelerate conditioned response by means of hypnosis. In the case of alcoholism and nicotineism, the author developed procedures whereby the odor or taste of an alcoholic beverage or of cigarette tobacco would be sufficient to trigger a marked aversion reaction.<sup>4</sup> It was found possible to condition in patients under hypnosis such an aversion to these substances that even the thought or the word "alcohol" or "tobacco" could elicit feelings of revulsion. The author has found that attempts to condition alcoholics by means of emetic drugs are not nearly as effective or rapid as is the conditioning of alcoholics by means of hypnotic suggestion.

The author's decision to experiment with hypnosis in attempting to create aversion reactions was based on a number of considerations. First and foremost, it was felt that one of the greatest weaknesses of treatment in the non-hypnotized state is that resistance to suggestion and conditioning is often overwhelming. It appeared likely that the aversion and disgust reaction could be prolonged and intensified if a conditioned reflex reaction could be established in the subconscious mind of the patient and, furthermore, that in order for this aversion to occur and be fixated it must be established beyond the reach of conscious resistances and ego defenses. Furthermore, the conditioned association and aversion reaction is more prolonged because of post-hypnotic amnesia.

The author found that the aversion response could in addition be made more intense and last-

ing to the patient because of the greatly increased state of suggestibility, concentration, affectivity and reactivity of the individual in the hypnotic state. It seemed preferable to be able to create a conditioned aversion reaction so that the patient not only experiences immediate revulsion on physical contact with a homosexual but also comes to anticipate such contact with feelings of disgust, displeasure and dread.

Though the author does not wish at this point to enter into a polemic regarding the disadvantages or benefits of hypnotherapy as applied to male homosexuality, he did feel that this area required considerable exploration and re-evaluation.

Clinical experience has revealed that those who turn to homosexuality have been preconditioned by a faulty rearing process which has caused them to reject their natural sexual roles. In general, it seemed that there might be a possibility that those functional conditions which are a product of such faulty emotional conditioning of the child by parents, teachers, etc., might be corrected in certain instances by a suitable emotionally corrective reconditioning therapy and that where the faulty conditioning incorporates certain specific aspects of sensory aversion that it might be possible to alter such reactions and induce natural healthy responses instead. In short, by means of hypnotic suggestion and conditioning, the author has been able not only to create deep aversions in the male homosexual to the male body, but on the other hand to reduce or relieve disgust, anxiety and horror reactions which such patients may have toward the female body and female genitals. It has, in fact, been possible to make the female body very attractive to such individuals.

#### PROCEDURE

This procedure, preliminary investigation of which began in 1959, has thus far been attempted on four male patients ranging in age from 26 to 38. The first patient reported in this series began treatment 18 months ago, and the endogenic induction procedure was used throughout.<sup>5</sup> In selection of these patients such factors as suggestibility, acceptance of treatment and insight were considered. In general, it was found that male homosexuals are quite susceptible to hypnotic induction. Three of the four patients reported can be termed bisexuals, in that they manifested some conscious

and unconscious heterosexual desires. The fourth patient had never revealed any sexual interest in females prior to treatment. Only one had ever consummated a natural heterosexual act, whereas all had indulged in perversion, two with females.

In general, the author has found many male homosexuals and in particular the effeminate, passive type to possess a rather high degree of sensitivity to specific sensations of smell, taste and touch. Like females, they are particularly sensitive to body odors and use deodorants and perfumes extensively. Further, that they tend to be fastidious, and they are often averse to a lack of cleanliness and personal hygiene on the part of their sexual partners and often compulsive about their own cleanliness. A majority of the patients selected had already experienced specific traumatic disgust reactions with certain male partners. Under hypnosis, it was possible to exploit such sensitivities and aversions by regressing these individuals back to the time of their most disturbing disgust reactions and by means of revivification to cause them affectively to relive, potentiate, and establish such unpleasant reactions.

Posthypnotic suggestion was given to the effect that these same "disgust reactions" would recur whenever they were in intimate contact with a male body. These patients after a number of conditioning sessions under hypnosis became highly sensitive to close contact with males, perceiving them as foul smelling, filthy, disgusting and distinctly unpleasant.

The most revolting odors were found to be those of urine, feces, stale perspiration and bad breath. One of the cases seen very recently by the author and not reported in this paper revealed considerable revulsion to the odor and taste of semen and tended to associate it with the odor of Chlorox. Suggestions of filth associated with the male genitalia of their partners were implanted in their subconscious and reinforced periodically during the hypnotic trance. It was further suggested to the patients that because they were particular about their own personal hygiene, they were especially revolted by the uncleanness of other males. This was to prevent any excessive sensitivity or disturbance about their own cleanliness.

Since the aversion reactions created under hypnosis were so prompt and effective, several sessions were sufficient to establish a strong aversion reac-

tion to males. Periodic reinforcement treatments were given during the first year at monthly intervals. At the same time, reinforcement of attraction to females, particularly a specific one in whom the patient is interested, is given, and contact with the opposite sex was strongly encouraged by means of posthypnotic suggestion.

#### DISCUSSION

Thus, as aforementioned, the author has repeatedly utilized hypnotic suggestions to establish deep-seated aversions in many individuals to alcohol, tobacco, certain addictive drugs and specific foods. Further, such aversions could be established much more rapidly and to a far greater intensity than could be accomplished, if at all, in the non-hypnotized state. The basic consideration here is that early homosexual erotic experiences are associated with pleasure and that the invert desires to relive these early pleasures. Thus, if the pleasurable associations can be converted or diverted to disgust reactions, and these responses sufficiently established by hypnotic suggestion, the individual might conceivably be repulsed rather than attracted.

By means of hypnotic regression and revivification techniques it is possible to take the invert back to his earliest homosexual experiences and to elicit specific disagreeable impressions which can then be markedly potentiated by hypnotic and posthypnotic suggestion.

It is clear that the homosexual neurosis is complex and that the total personality of the individual is involved to varying degrees. The homosexual neurosis is sometimes active, sometimes latent and repressed. At its basis is deep-seated pathology in the rearing and developmental process. Faulty sex identification and aversions to the fulfillment of normal sexual roles are manifest.

Psychotherapy of such conditions involves the establishment of emotional corrective transferences leading to healthy sex-role identification, and the resolution of pathological defenses and reaction formations. Reconditioning therapy based on the pleasure-pain principle is highly important since the pleasure principle is so strongly operative in such states. By exploiting the pleasure-pain (disgust) responses, it is therefore possible to induce marked aversion to the male body while enhancing attraction toward the female body as a whole.

The procedure described by the author is not to be mistakenly regarded as a cure-all. It is in its experimental stage, and though promising, cannot be considered even at best as more than adjunctive procedure in the treatment of this complicated disorder.

There is every indication that similar results can be attained with female homosexuals. Thus far the author has had only one case and this patient has done splendidly. She is now enjoying a gratifying normal heterosexual relationship and strongly desires marriage and children.

These procedures should in any case be accompanied by longer term individual or group psychotherapy.

Hypnoanalysis is employed by the author to facilitate the recollection of early traumatic and significant emotional experiences. The author feels that by means of hypnoanalysis additional insights may be gained in understanding the ineffectiveness of psychoanalysis in the treatment of male homosexuality.

Hypnotic suggestion should be used to influence the patient to a greater degree of independence, assertiveness and initiative in his normal role. It is further used to encourage the process of separation from inverted and destructive personality components and the acquiring of positive appropriate and healthful characteristics.

The application of hypnosis by the author in these cases is only periodic and for specific indications. Prolonged hypnotherapy is not utilized. The objections raised against the use of hypnotherapy in homosexuality may be valid if hypnotherapy is used unwisely. As with digitalis, only the proper dose and application can be beneficial.

All of the cases herein reported were given psychotherapy in conjunction with the hypnotherapy.

#### SUMMARY OF CASES

*Case. 1.* A student seminarian aged 26 who was expelled from college for homosexual acts. This patient was markedly effeminate in his feelings, speech and mannerisms. He demonstrated strong mother identification. Under hypnosis it was learned that during one of his early homosexual encounters with a non-circumcised male he had experienced a revulsion to the smell and taste of urine and stale perspiration. He was also revolted by the smell of excretions and sweat. It was possible by potentiating and intensifying the revulsion under hypnosis to create a marked aversion-nausea-disgust reaction toward the male body as a whole, with

resulting strong disgust reactions in the area of smell as well as taste. After the first treatment under hypnosis his favorite lover visited him from out of town, crawled into bed with him, whereupon the patient promptly left the bed, feeling nauseated and uncomfortable and immediately broke off the relationship. This reaction was completely unanticipated by the patient himself, who evinced marked surprise. Only a week earlier, prior to the hypnotherapy, he had expressed strong homosexual longings for this person. The incident occurred nine months ago and he has since then broken off all contact with homosexuals. This treatment was accompanied by a number of sessions in which, under hypnosis, certain feminine attributes of females which he found desirable were potentiated and his attraction to women markedly increased. He is at present actively dating women and has felt particularly attracted toward two quite feminine girls. Formerly, if he dated girls at all they were of a rather masculine type, undemonstrative, reserved, with small breasts and hips. This type is no longer attractive to him. Although he formerly had pleasurable homosexual dreams, his dreams at present are full of conflict, in that he is both attracted and repulsed; the attraction component of the dreams has lessened, while tendencies toward withdrawal and disgust with males in the fantasies are more marked. His smell and taste aversion to males began to occur in his dream fantasies persistently. The hypnotherapy was employed in conjunction with both individual and group psychotherapy.

*Case 2.* A high school teacher aged 38 was referred by a psychotherapist who had unsuccessfully treated him for several years. He was a bisexual who had been relatively impotent with his wife during the ten years of their marriage. He was effeminate and revealed strong maternal identification. Under hypnosis he revealed that his first erotic experience involving physical contact with a male has been with his father as a child of five. His father had been 60 when the patient was born, and was recalled only as a quiet, passive, weakly old man. "He would be pleased when I got into bed with him and lay close to him. I don't remember mother and dad sleeping together."

He remembered the unpleasant sweaty odor of his father and further elicited regarding his hard, bony body, mostly skin and bones. It was possible to create a strong association of a foul, disagreeable, sweaty odor. Strong suggestions were given specifically to establish strong associations of unpleasant odors and physical revulsion regarding the male genitalia. In addition, suggestions were given associating the hard, bony body of his father and males in general as distinctly unpleasant. This patient was also revolted by the odor of feces and urine. This was reinforced by correlating the suggestion of foul, sweaty odors with those of fecal and urinary excretions and associating these with the male body. The patient rapidly developed a strong sensory aversion to males and rapidly broke off all contact with homosexuals. On the other hand, he was made to visualize and feel his wife's body as beautiful, soft, fragrant and desirable. He soon began to manifest normal potency. This was approximately one year ago and since then

this patient has conducted an active and increasingly gratifying sex life with his wife averaging 3-4 coital experiences weekly. This patient had a single homosexual experience approximately eight months after treatment was initiated. This occurred after a party at which he drank heavily and encountered a former homosexual lover. Immediately upon sobering up he felt deep revulsion, self-contempt and guilt, particularly toward the therapist. He vowed at that time that he would abstain from alcoholic beverages. Initially, as he became able to attain and maintain satisfactory erections and engage in coitus, he would usually complain of pain in the urethral and bladder areas of a constrictive, spasmodic nature, during or immediately following ejaculation. Under hypnosis he revealed that he felt rage and tension whenever his wife made him feel that she was demanding his attention and sexual love and he felt obligated to gratify her. This he felt keenly to be an unjust demand upon him. He felt, as he put it, "She is using me," and considered it inappropriate for her to expect him to take the initiative and make aggressive love to her. Having lived with a passive husband without gratification for so long, it is understandable that she would have become active and aggressively demonstrative toward him. It was found that when she followed the therapist's instructions to act passive and seductive, to withdraw and thus make it necessary for him to take the initiative completely, that the patient no longer experienced pain and discomfort, felt considerably less rage and anxiety and showed a lessening of neurotic feelings and increased masculinity and aggressiveness. It was obvious that he felt quite threatened by her demands on him to be sexual and masculine. Because of his strongly inverted effeminate feelings, he felt angered by her demands for sexual love. His neurotic component desired to be passive and loved by an aggressive male lover.

This patient is now writing a book describing his recovery.

*Case 3.* A graduate student aged 32, who had never consummated a heterosexual experience, also exhibited marked sensitivity to perspiration and fecal odors. This patient had a strong feminine identification and exaggerated sensitivity to cleanliness and neatness. He was meticulous about his dress in spite of his meager finances. He had a platonic relationship with a female graduate student with whom he felt much in common in terms of over-all life interests and goals. Although they were close friends he had never approached her sexually. He satisfied himself periodically by male homosexual experiences or homosexual masturbation fantasies. He was given the hypnoaversion treatment and rapidly developed a strong revulsion for male contact. The physical attractiveness of his girl friend was strongly potentiated by means of suggestion. Several weeks after treatment was initiated he had his first coital experience and was gratified at the pleasure they both experienced. Since then, for the past year, they have been having sexual relations regularly and are planning to be married soon.

*Case 4.* A night-club entertainer, aged 29, with a

history of active homosexuality since puberty who had never felt any sexual desire for females although he was frequently associated with attractive female entertainers in the course of his career. This patient was found to be sensitive to the odors of stale sweat, urine and feces. Hypnotic suggestion was employed to potentiate these disgust and nauseous feelings and to strongly associate these with the male body. On the other hand he was given strong suggestions regarding the attractiveness and loveliness of the female body. He promptly broke off all homosexual activity, complaining of increased tension, headaches and insomnia. At this time, Librium, 10 mg. t.i.d. and Doriden, 0.5 gm. were given for relaxation and rest. His tension was fairly well controlled with the above medication.

For several weeks he complained of a marked loss of sexual feeling. He began to have dreams of burly men pursuing him and trying to hurt him. This was interpreted as evidence of his repressing homosexual desires. After two months of treatment, the patient expressed a slight amount of sexual interest in a woman of 40 whom he had known for many years and with whom he felt relatively secure and comfortable. Positive suggestions then given under hypnosis to increase his sexual desire for her and to give this desire active expression. He has now reached the point where he enjoys petting with her and has for the first time caressed a female breast. He last reported a fantasy of having normal sexual relations with her.

#### EVALUATION OF RESULTS

Reconditioning a male homosexual's physical reactions to other males obviously does not alter his basic attraction to and love for men nor his anxieties about and hostility toward women. Physical aversion to men, however, makes possible a withdrawal from the seeking of neurotic sexual gratification and enhances the likelihood that the patient may attempt to make sexual contact with females, especially if attraction to the latter is enhanced by hypnotic suggestion. In the case of the 38-year-old married man, for example, it was possible to bring about insight and offer encouragement to his wife so that she would be appropriately responsive when he took the initiative. The aim here is to make the post-hypnotically induced experience as pleasurable as possible. This is most significant in that it is necessary to counteract the homosexual's dread and anticipation of displeasure in regard to heterosexuality.

Since these aversion reactions set up in the homosexual are of a cortical type they tend to be blocked by alcohol or drugs which depress cortical functions. Alcohol, of course, further tends to release cortically repressed homosexual desires, as was noted in the second case cited.

In this study an attempt was also made to evalu-

ate the comparative effects of post-hypnotic suggestion and hypnotic transference on therapeutic transference prior to and after hypnotherapy. Hypnosis was used successfully to stimulate negative transference toward the male therapist. This supports the conclusion that hypnotic influence can, if properly applied, be utilized to improve rather than to impair therapeutic transference. By means of hypnoanalysis resistances can be often promptly and effectively explored and resolved by ventilation in the posthypnotic state.

Attempts were made to potentiate father-son transference and role identification in terms of masculine behavior toward the opposite sex.

Furthermore, specific anxieties regarding masculine, aggressive behavior with females were explored under hypnosis and the resultant findings consciously ventilated and discussed. Frequently these anxieties could be markedly lessened.

Hypnoanalysis was also used to uncover blocked recollections regarding early emotional and sexual development.

As noted earlier, attempts were made under hypnosis to uncover specific disgust reactions which patients had experienced during homosexual contact and to potentiate these, with strong suggestions that these would recur on contact with a male body.

In the patients observed, disgust aversion reactions to the male body persevered for months after receiving two to four initial treatments. Disgust reactions vary individually, depending to a considerable extent on suggestibility and the degrees of the original disgust reactions.

Further, as indicated, after initial treatment, periodic reinforcement at four to six week intervals is advisable for the first year.

The initial clinical results are encouraging and further study of these and additional cases is considered advisable. As indicated earlier, this procedure also appears to be particularly promising as an adjunctive in the treatment of female homosexuality.

#### LITERATURE CITED

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2. STEKEL, W. The Homosexual Neurosis, Emerson Books, Inc., New York, 1922.
3. PAVLOV, I. P. Conditioned Reflexes: Investigation of Physiological Activities of Cerebral Cortex, Oxford University Press, London, 1927.

(Concluded on page 436)

Negro. He has done this not only in the interest of national unity and national survival, but because he believes it to be right.

It is no accident that these efforts antagonize the States Righters and the conservative reactionaries of all parties and partisans throughout the land. They fail to understand that their own self-interest is served best by a moral society.

These conservatives demand a national government so strong that it can safeguard trade routes through hostile foreign lands, but they oppose a government strong enough to insure that a traveling Negro at home can get a glass of water across a Dixie lunch counter.

These reactionaries insist that the Federal Government be powerful enough to topple sovereign governments of other nations by fiat, but oppose a federal government powerful enough to protect the aged from the ravishes of illness, both physical and economic, by expanding the overdue benefits of health protection for them through Social Security.

They want a federal institution so strong, so powerful that it can underwrite defense spending, insure the nation's banks, prime its commerce, fatten its farmers, and yet too weak to insure that its black citizens can vote in Mississippi.

Paradoxical as they may be, they are consistent.

The real enigma, however, is the Negro who sides with them. For he must forget that it was the strength, power, and force of the federal government alone that severed his chains and removed the shackles of physical slavery.

Writers of poetry and prose throughout history proclaim, "Those who cannot remember the past are condemned to relive it."

The essential strength of the American Republic lies not in its political, religious and geographical subdivisioning, but rather in its common moral

commitment and political unit which are best expressed through its federal institutions.

#### CONCLUSION

In concluding, may I say that I have attempted to restate the *res vivendi* for the National Medical Association. Indeed, the time has not yet come, nor is it likely to come in my life-time, for this organization to consider disbanding.

The best guardians of our gains, and the least muted protests against remaining injustice in health and as custodians of our fondest hopes for many tomorrows, require that we maintain and strengthen our independent voice.

It is not required that we withdraw from integrated organizations and activity, or raceless opportunities, but it does demand that we face realistically and courageously the absolute political need for the continued existence of the National Medical Association.

To those of you who have grown weary, I say take heart and faint not! For it has always been the few, and not the many, attracted to great causes. Only a few were with Joshua at Jericho and yet the walls did tumble down. Despite the matchless disparity in size David did fell Goliath. In the words of the prophet Isaiah it is summed up most completely: "Salvation shall be won by the remnant."

Though the beginning was inauspicious, the founding fathers of the National Medical Association saw clearly the vision and today, stronger than ever, the National Medical Association stands ready, willing and able to serve.

It is with firm resolve, unmixed with doubt, that I share their vision of yesterday, a vision of a brighter today and with God's help a better tomorrow.

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*Miller, from p. 415*

4. MILLER, M. M. Treatment of Chronic Alcoholism by Hypnotic Aversion. J.A.M.A., v. 171, pp. 1492-1495, 1959.
5. MILLER, M. M. A New and Simpler Procedure for Hypnotic Prolongation, Proc. Fourth International Conference on Psychotherapy, Barcelona, September, 1958; Endogenic Hypnosis: Simpler and More Effective Procedure for Hypnotic Induction and Prolongation, Am. J. Soc. Psychiat., v. 1, pp. 24-30, 1959.

*Book Review, from p. 472*

ture. Generally resistant to isoniazid and other antimicrobial agents, they are important in the differential diagnosis. They bring out that the apparent increase in the atypical forms is believed due to a relative decrease in the typical form since the advent of specific drug therapy.

For those interested in children's health or tuberculosis, this book is an outstanding treatise on the present concepts of tuberculosis in children.

ROSELYN PAYNE EPPS